IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):	ALTMAN et al.)	Group Art Unit:	1645
Serial No.:	10/579,248)	Examiner:	Patricia Ann Duffy
Filing Date:	February 28, 2007)		
For:	BIOTIN-FACILITATED TR) RANSPO	ORT IN GRAM NEGA	TIVE BACTERIA

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Mail Stop Amendment

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with C.F.R. §§ 1.97 *et. seq.*, the materials enclosed herewith are brought to the attention of the Examiner as possibly being of interest in connection with the above-identified patent application. Pursuant to M.P.E.P. §609, the information cited in the present Information Disclosure Statement shall not be construed to be an admission that the information is, or is considered to be, material to patentability. Consideration of each of the documents listed on the attached 1449 form is respectfully requested. Pursuant to the provisions of M.P.E.P. §609, Applicants further request that a copy of the 1449 form, marked as being considered and initialed by the Examiner, be returned with the next Official Communication.

Applicants also wish to bring the Examiner's attention to any issued U.S. Patents and/or pending U.S. Applications cited in the 1449 form submitted herewith, as well as any documents, Office Actions that may include rejections of similar claims, and any provisional U.S. patent applications referenced in the pending U.S. applications or in their file wrappers.

Information Disclosure Statement

Applicant(s): ALTMAN et al. Serial No.: 10/579,248 Confirmation No.: 7812

Filed: February 28, 2007

For: BIOTIN-FACILITATED TRANSPORT IN GRAM NEGATIVE BACTERIA

Since this Information Disclosure Statement is submitted after the receipt of an Office Action in the above-identified patent application, Applicants hereby authorize a charge of \$180 to Deposit Account No. 13-4895 to cover the fee required under 37 C.F.R. §§1.97(c) and 1.17(p). Please charge any additional fees or credit any overpayment to Deposit Account No. 13-4895.

The Examiner is invited to contact Applicants' Representatives at the telephone number listed below if they can be of any assistance during prosecution of the present application.

CERTIFICATE UNDER 37 C.F.R. 1.8:

Name: Sandy Truenant

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Date

Respectfully submitted

By

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